

# CLAIMS ONLY

SERIAL NO	FILING DATE
100-123456789	
APPLICANT(S)	

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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50						
TOTAL IND.	/	↓		↓		↓
TOTAL DEP.	/	↓		↓		↓
TOTAL CLAIMS						

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓	
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS